

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for dates of service 10-22-01 through 11-30-01.
- b. The request was received on 5-9-02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60
 - b. HCFAs
 - c. EOBs
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60
 - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (4), the Division forwarded a copy of the requestor's additional documentation to the carrier on 6-18-02. The respondent did not respond to the additional documentation. It's initial response is reflected in Exhibit II.
4. Notice of Additional Information Submitted by Requestor is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: No Position statement was noted.
2. Respondent: No Position statement was noted.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on 10-22-01 through 11-30-01.

2. The Carrier has denied the disputed services as reflected in the EOBs as, “9 – F – Fee Guideline/Exceeds number of allowable procedures in the Medical Fee Guideline.”
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
10-22-01	97110	\$210.00	\$140.00	9 F	\$35.00 per 15 minute	MFG; Medicine Ground Rules (I) (10) (A);	<p>The Carrier has denied the disputed services as “9 – F – Fee Guideline/Exceeds number of allowable procedures in the Medical Fee Guideline.”</p> <p>The Medical Fee Guideline indicates a physical medicine session can consist of any combination of four modalities, procedures, and/or physical medicine activities and training. CPT Code 97110 has not exceeded the maximum allowable time per session.</p> <p>However, recent reviews of disputes involving CPT Code 97110 by the Medical Dispute Resolution Division indicate overall deficiencies in the adequacy of the documentation of this code. The disputes indicate confusion regarding what constitutes “one-on-one.” The Medical Review Division has reviewed the matters in light of all of the Commission requirements for proper documentation and concludes, there is insufficient documentation to allow reimbursement beyond one unit on each date of service. Therefore, the provider is not due any additional reimbursement.</p>
10-23-01	97110	\$175.00	\$140.00	9 F			
10-26-01	97110	\$210.00	\$140.00	9 F			
10-31-01	97110	\$175.00	\$140.00	9 F			
11-02-01	97110	\$210.00	\$140.00	9 F			
11-07-01	97110	\$175.00	\$140.00	9 F			
11-09-01	97110	\$210.00	\$140.00	9 F			
11-13-01	97110	\$210.00	\$140.00	9 F			
11-30-01	97110	\$175.00	\$140.00	9 F			
Totals		\$1,750.00	\$1,260.00				The Requestor is not entitled to additional reimbursement.

The above Findings and Decision are hereby issued this 16th day of October 2002.

Lesia Lenart
 Medical Dispute Resolution Officer
 Medical Review Division

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